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School Hygiene

By JEAN E. BROWNE

Director of School Hygiene, Province of Saskatchewan.

It is my great privilege to-day to speak to the trustees of Saskatchewan on a question of vastly more importance to Canada than even greater production or the conservation of food. The war has revealed many things to us in a new light. It has shown us that the greatest asset of any nation is the health and efficiency of its people. I purposely couple these terms, because without health there cannot be efficiency. This idea is at present being worked out at the front by putting into effect the most modern sanitary measures to keep our boys in the best possible health, and to prevent unnecessary wastage of life. This, however, is an emergency. But the boys and girls in our schools to-day are soon to take up the national responsibilities, and it is that they may have the best possible chance to attain perfect health and efficiency that I am making a plea to the trustees of Saskatchewan.

After the Boer War, great excitement was caused in England because two-fifths of the men volunteering for service were rejected on account of physical unfitness. After this war, statistics will doubtless be compiled in Canada showing the percentage of the physically unfit among those who

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have tried to enlist. What will this mass of defectiveness, hitherto unknown, reveal to us? For one thing, it will disclose the fact that thousands of children have gone through our schools with physical defects undiscovered and with no attempt made towards remedying them. It means, moreover, that those directing our school systems in the past have failed to recognize that the child is an entity. They have virtually said, "We will separate this child's mind from the rest of him, and we will educate that, but we will take no responsibility for his body." But gradually a change is coming to pass, and the school is taking up the responsibility of educating the child in his entirety. Allow me to illustrate. What teacher, no matter how excellent her methods or her subject matter, can get a child who is suffering from constipation to make high mental effort? In a recent investigation conducted in the city of Cincinnatti the results seemed to indicate that there was a direct causal relationship between dental hygiene and school progress. And yet our teachers have been so busy teaching every subject in the curriculum that the children's teeth have been overlooked.

There are many agencies at work to promote a high standard of public health, but there is no other agency which can compare with the school in the opportunities offered for contributing to the health of succeeding generations. Lewis W. Rapier, Professor of Education, Pennsylvania College, says, "The public school stands out easily as the greatest single instrument possessed by the civilized world for the promotion of public health." The reason for this is obvious. Desirable habits of living cannot be legislated into men and women, but we can mold after our ideals the hygenic habits of the impressionable child. Did you ever try to get an adult to sleep with his bedroom window open at night after sleeping with it closed for over twenty years? Do you think we would ever have to witness the spectacle of a consumptive patient expectorating in public places, or coughing without holding a handkerchief over the mouth, if these simple hygienic rules had been taught at school? The sanatoriums are teaching to-day at great cost the truths that our public schools failed to teach, ten, twenty and thirty years ago. Occasionally I have heard parents say that they do not see the necessity of Health Inspection of schools, because they knew perfectly well how to look after their own children. Supposing this to be true, can they regulate the habits of the child sitting across the aisle, so as to secure safety for their own beloved child?

Prevention is the key-note of Health Inspection of schools. Our first aim should be to keep the well child well. Towards that end, everything in connection with the school, the grounds, the building, lighting, heating, ventilating equipment and cleaning, should all be such as will favor health conditions. I sometimes wonder if the parents know what kind of schools their children really attend. These are some of the questions I should like to ask about your school: Are there tile drains set well under the walls of the building to eliminate the dangers of ground air and moisture? Is there sufficient space for playgrounds for both boys and girls? Have you ever considered the effect that organized school play has on the sex life of

these boys and girls at the adolescent period? How is your school lighted? Fifty-one per cent. of the rural and village schools in this Province are lighted by windows placed on opposite sides of the room. This method of lighting gives cross lights which produce dazzling, and hence eye strain. In 52 per cent. of the same schools the amount of window space is entirely inadequate. Add to this dark green window blinds and shiny black-boards, and you have the worst possible conditions of lighting. Has any means of ventilation been provided in your school? Is there a thermometer? Are there evaporating pans connected with your heating plant? It is not an unusual thing to go into a class-room and find the thermometer indicating a temperature of 78°, and this without any evaporation in the room. The best teaching is wasted on children in a hot, dry room of this sort. The pupils become restless and are unable to concentrate their attention. The teacher becomes irritable and things go sadly wrong. But even worse, this hot, dry air parches the delicate mucous linings of eyes, nose, throat and lungs. The eyes begin to smart and the throat to get sore. If this condition is continued, both teacher and pupils are apt to contract a catarrhal condition of the nose and throat.

Have you stationary desks or single adjustable desks? The old stationary desks were made with the idea of the child fitting the desk. The adjustable desk and seat are made with quite another idea, that of the desk and seat being made to conform to the requirements of the growing child. Last summer I visited the primary room of a small town school with an inspector. In that room there were thirty-three children, thirty of whom could not place their feet on the floor. It was pathetic to note the postures of these children when they were asked to do written work on their desks. Frequently, too, we see the big boys and girls of the class sitting stooped over a little low desk.

How often is the floor of your school scrubbed? I realize the fact that it is difficult to get anyone to do the scrubbing in a rural school, yet I maintain that the standard of cleanliness in our schools should not be one whit behind that of our cleanest homes. How are the sweeping and dusting done? Do we still have clouds of dust when the floor is swept, or are dust gathering materials used? Are the dusters soaked in some kind of dusting oil? Dusting with a dry duster simply means changing the location of the dust.

Are the toilets sanitary in type? Are indoor toilets provided for the severe weather? How often are they cleaned out? How often are the seats scrubbed? There can be no doubt that our repulsive school outhouses are inducing the habit of constipation in the majority of school children. The dirty, unsanitary outhouse with its foul odors is shunned by the child with decent sensibilities, and soon the habit of constipation develops, which is not only detrimental to the health of the child but also to his progress in school.

Is there an adequate supply of water in your school? There can be no consistent teaching of hygiene in your school without plenty of water,

both for drinking purposes and also for washing purposes. Allow me to quote from a constructive criticism of a proposed course of study in Hygiene by a Saskatchewan inspector: "The next difficulty is the want, in whole or in part, of a good water supply in the majority of schools. He will be a reformer, indeed, who will be able to bring it about that there shall be two good wells or pumps to the one that we have at present."

Are there washing facilities in your school—a wash basin, plenty of individual towels and liquid soap? There can be no real health work conducted in schools unless there be a sufficient supply of individual towels to allow of each child washing his hands after a visit to the toilet and always before eating. Paper towels have been superseded by small squares of huckaback, which can be laundered very cheaply. The advantage of these over paper towels is obvious. Wherever paper towels are used, children suffer from chapped and bleeding hands. The economy of paper towels is very debatable, because a good deal is wasted, but even if they were cheaper, economy at the price of so much discomfort to the pupils is not warranted on the part of a School Board. Cleanliness of the hands is considered to be the greatest preventive measure in regard to the transmission of contagious diseases, since most disease germs enter our bodies through the mouth, and perhaps the most common way of carrying them there is on unwashed hands.

The next step to be considered in connection with Health Inspection of schools is the examination of each child for possible physical defects. Occasionally we hear people say: "It is very strange that children now-a-days have so many defects; why, we never heard of such things when I went to school." This remark is made with a certain amount of sarcastic incredulity, as if the present day defects were manufactured out of the examiner's imagination. We know that an amazing amount of defectiveness has always stared us in the face without being recognized. The people of England were able to comprehend that fact from the statistics compiled after the Boer War. Among all large groups of children there are those suffering from defective vision, defective hearing, enlarged tonsils and adenoids, carious teeth, chorea, incipient tuberculosis, etc. I have heard it said that this may quite well be true in connection with children in cities, but that children in rural communities are extremely healthy. Then, again, we often hear it said that city children may need Health Inspection, but that country children are so healthy and free from defects that they do not need it. Nevertheless the Bureau of Education, Washington, publishes statistics based on a survey taken of the relative health conditions of the children in rural and urban schools which show that the health of the country child is from five to twenty per cent. more defective than that of the city child. I had an opportunity last summer of examining 225 pupils in rural schools in this Province, and this was what I found:

(Summary of examination of 225 pupils in central part of the Province, comprising one room in a town school, three small village schools and ten rural schools):

Number of pupils inspected	225
Number of pupils with no defect found	100
Number of pupils with enlarged tonsils	26
Number of pupils with adenoids	8
Number of pupils with defective hearing	2
Number of pupils with defective vision	26
Number of pupils with pediculosis	4
Number of pupils with carious teeth	77
Permanent molars lost	21
Permanent molars decaying	75
Temporary teeth requiring dental care	70

SPECIAL CASES:

One case of heart disease.
One case of hare lip and cleft palate.
One case of ringworm.
One case of suspected trachoma.
One imbecile.
One case of marked nervous system.

The rural child undoubtedly has the great benefit of the pure air and outdoor life, but he is apt to live in unventilated houses and schools, to walk long distances in extreme heat, cold, or wet, and to sit in school with damp clothes and wet feet. Consider, too, the manner in which he eats his noon-day meal at school, and the repulsive outhouses in connection with most rural schools. The distance to the nearest physician, dentist or oculist is so great that often times he does not receive the most necessary treatment.

The Chief Attendance officers' reports show that sickness and physical defects constitute a large percentage of the reasons given for non-attendance. From May 1st, 1917, to December 1st, 1917, out of 17,376 cases of absence from school, 7,083 were due to illness. From the economic standpoint alone, it would be interesting to know how much money is being wasted annually in providing the means of education for children who are not able to take advantage thereof on account of illness. It has always been a wasteful and futile proceeding to pour pure wine into cracked vessels.

The vital statistics for this Province for 1916 show a death rate from communicable diseases as 92.8 per hundred thousand of the population. The great Louis Pasteur said: "It is within the power of man to banish all infectious disease from the world." The fact that it has not been banished is because the great masses of the people are ignorant of the principles involved. The only educative force that reaches all the people is the school system. There, in simple language, all that is useful regarding contact infection and the methods of personal defence, can readily be taught. Think what it would mean to the mothers of the race if infectious disease could be wiped out.

It can come only through the knowledge of the whole population. In order to have this knowledge diffused throughout the schools, the teachers must be trained to teach it. At the present time the only health super-

vision that obtains in most of our schools is that of the teacher. But the teacher needs the assistance of a specialist in this line. In ome of the cities of Saskatchewan the School Boards have engaged specially trained school nurses who, by co-operating the interests of teachers, parents, family physician, dentist and medical health officer, are able to work out a very effective health programme. In Regina, Saskatoon, Prince Albert and Swift Current, this plan has been adopted. Small towns, where this expense could not easily be borne singly, might combine to engage the services of a specially trained school nurse. If five towns, for instance, along a railway line would combine towards this end, each school would secure her services one day of each week. Besides examining the pupils in school for possible physical defects, the school nurse visits the homes of pupils to ascertain the cause of non-attendance through illness. This is what makes the work of the school nurse so effective. There she makes important discoveries bearing not only on the health of one particular child, but of the whole family. In this way suggestions are made to the mother regarding the health of the children. It is an almost unheard of thing for the mother to resent these suggestions. I think I am safe in saying that most mothers are delighted to have the school nurse call, except, perhaps, in the instances where they are trying to conceal a case of contagious disease and thus avoid quarantine. The most important feature of any system of school nursing is the visiting in homes, because in this way school and home are linked up, and a great field of educational work, hitherto neglected, may be carried out effectively. Personal interviews will sometimes work wonders, whereas formal notifications are quite frequently ignored. Being a full time official, she is able to devote herself heartily to her work and get results that others working spasmodically cannot get.

In conclusion, let me quote the following: "A dollar spent in a wise, constructive effort to conserve a child's health, will be more fruitful for that child than a thousand times that sum delayed for twenty years."

Scholarships for Nurses

The three years spent by a nurse in training, grasping of new information, acquiring more knowledge theoretically and practically, and passing examinations, does not always make a nurse. We have now arrived at the day of specializing in one or other branches. Nurses, therefore, should take advantage of some post-graduate course. No matter how good a course your hospital may offer, the value of spending a few months in another institution is of great importance.

A medical student finds that when he finishes his college course he must take a year or two in a good hospital. He may also want to further his knowledge specially along certain lines, such as Surgery, Medicine, Obstetrics, Pediatrics, Eye, Ear, Nose and Throat, or other lines, depending on his desire or ambition. Likewise the nurse, when she finishes her course of training,

can select some particular branch in another carefully selected hospital. To-day post-graduate courses are offering in many fine hospitals in Canada and the United States in Surgery, Medicine, Obstetrics, Pediatrics, Eye, Ear, Nose and Throat and Dietetics.

The Vancouver General Hospital Training School for Nurses hopes to stimulate and foster this desire of continuing the nurses work along some particular line, as indicated above.

Recently a proposal has been made that scholarships be offered the Training School for Nurses, these to be given annually, and will permit the persons receiving same to augment their training and experience by a profitable post-graduate course of six months' duration in a well-recognized hospital. The scholarships that are proposed are as follows:

One for Surgery,
One for Obstetrics,
One for Pediatrics, and
One for Eye, Ear, Nose and Throat,

making a total of four in all. These scholarships will amount to $250.00 each, and already two have been promised, one for Surgery and one for Eye, Ear, Nose and Throat work. The other two are now in sight. This will enable the nurse to spend at least six months specializing in her profession, and make her thus more capable, not only as far as her nursing goes, but also as far as her institutional career is concerned.

Report of Women's War Conference

By Jean I. Gunn, President C.N.A.

It may interest the members of the Canadian National Association of Trained Nurses to know that the Association was represented at the Women's War Conference held in Ottawa from February 28th to March 2nd, inclusive. The conference was a most interesting one, the key-note being "Unity and Co-operation of Canadian Women." The women were asked to attend the conference by the War Committee of the Cabinet to discuss the many war problems which are becoming more serious each year the present struggle continues.

The problems presented for discussion were: "Public Health," "Agricultural Production," "Thrift and Economy," "The Place of Women in Industry," "National Registration," and "Closer Co-operation and Unity of All Women's Organizations Throughout the Dominion."

All questions discussed were of vital interest to every member of our Association, and, although many have read full reports in the press, the subjects are of such importance that they will bear repetition. The women attending the conference divided themselves into sections, each section taking for study one of the above-mentioned subjects. The different sections pre-

pared recommendations to be presented to the War Committee of the Cabinet. Each section appointed its own convener, while the conference, as a whole, elected Mrs. Plumptre, of Toronto, as chairman for the general sessions.

Public Health Section.—The discussion in this section would be very valuable to all our members, but was of such length that it is impossible to give more than the general recommendations decided upon. Two resolutions were presented, the first being as follows: "That the conference of Canadian women in session, at the request of the War Cabinet, consider that one of the first and most essential things needed by the country at the present time is the establishment of a Federal Deparment of Public Health, and request that immediate steps be taken to have such a department established."

The reason for the above resolution was to in some way regulate the work of the Provincial Departments of Health, to co-ordinate the work of the different provinces, and to collect vital statistics that would enable Canadian people to have accurate knowledge of the health problems in the Dominion. It was also pointed out that some Provinces are doing very little public health work, although there is a Department of Health in existence.

While there are many health questions that need revolutionary methods applied to their solutions, it was felt by the members of the Health Section that the time was inopportune for introducing them. If a Federal Department of Health is established, these questions will receive consideration. Realizing that the wheels of governments turn slowly, it was decided to call special attention to two branches: Infant mortality and venereal disease. The following resolution was presented:

"That in view of the terrible wastage of war, and of the extensively high death rate among infants in Canada, and of the ravages made by venereal diseases, it is essential, in order to secure the maximum human efficiency in the country, that immediate steps be taken by the Government to conserve infant life and to deal with the problems of venereal disease."

This decision needs no explanation. The prevalence of venereal disease and its results is only too well known, and if the governing body of our Dominion is making every provision for conservation of food, supplies, etc., why should it not conserve child life wherein rests the future of our country?

Agricultural Production.—The findings of this section were most educational to a large number of the conference. The recommendations were excellent, and it is not practical to give them in detail in this report. The outstanding recommendations were:

1st. That women could be much more extensively employed in outdoor work on farms in all classes of work.

2nd. That a short course of training for women in different branches of farm work be established in connection with agricultural colleges, experimental and demonstrative farms and the farms in connection with other

Government institutions. Instruction in these schools to be free, including board, but should require the students to engage in farm service for at least a year.

3rd. That the Government should exercise control of wages for women working on farms.

4th. That in view of the need of help in farm kitchens and of the fact that the proposed national registration may come too late to be of service in finding help for farmers' wives this season, the committee urges that for this purpose a volunteer registration be taken either by the War Committee or by the new Registration Board. This registration should call for volunteers for service in farm kitchens as a special war measure, the registration to be taken through a form to be published in all the papers of Canada in both English, French and foreign languages.

5th. That the Government establish at convenient centres short-course training schools in practical housework, under farm conditions as they exist both east and west. This training to be given free, including board, but to entail an agreement of service in farm housework for a period of at least one year. The need of this training is essential in view of the labor conditions among women in Ontario, where curtailment of manufacture, due to war conditions and the decreasing of munition contracts, is throwing many women out of work who, for lack of training, are at present unavailable for housework. That women taking short course in general housework be given a certificate as to their degree of efficiency, and that wages be based on that certificate. That whatever labor bureaus or labor exchanges are to be established should constitute a board of appeal to settle the several disputes between employee and employer.

6th. That in view of the scarcity of labor the Federal Government ask the Provincial Boards of Education to so adjust the time of the long vacation in each Province to as nearly as possible coincide with the harvest time of that Province.

Thrift and Economy.—1st. Whereas the adequate feeding of our men overseas and the contributing to the food supplies of our Allies is essential to the winning of the war, be it resolved that the members of this conference assure the Government of their support of any compulsory measure it may be considered by them to be put into force in order to secure or conserve the necessary food.

2nd. That the Government be asked to issue war loan certificates and stamps of small denominations from ten cents upward. These could be effectively used in a campaign for a war loan amongst school children.

3rd. Resolved that the conference recommend to the Government the favorable consideration of a Federal measure to establish the daylight saving scheme.

4. That this conference endorse the movement for the cultivation of vacant lots in towns and cities for the production of food.

5th. That the conference, after hearing from the food controller, is satisfied that adequate measures are about to be taken for the prevention of hoarding and waste of food and for the control of cold storage houses.

6th. That we recommend that legislation be secured through the Canada Food Board to enable municipalities to order the inspection of garbage cans and to inflict fines for any waste discovered.

The above resolutions need no explanation. The great need of saving food supplies was very strongly emphasized by the War Committee. Mr. Thomson, the food controller, attended several sessions and answered endless questions concerning food. After listening to the great need and the serious condition of the food supply, not only in Great Britain and France, but also in Italy, each member felt that if the women of Canada were approached and told accurately of the needs of our Empire and our Allies, they would respond most loyally. *It is in this connection that the members of the Canadian National Association of Trained Nurses can be of greatest service. The many affiliated organizations usually hold monthly meetings. If the officers of the different organizations would make a special study of the food situation and never hold a meeting without emphasizing the great need of food conservation along all lines, asking the nurses to educate those with whom they come in contact, our Canadian Nurses will be doing as patriotic a service as if they were on active service overseas.* In this connection the information may be given that the names of the secretaries of all affiliated organizations have been sent to Ottawa for the purpose of having all literature sent out from the office of the food controller in the hands of the nursing organizations.

Women In Industry.—1st. That women could be successfully employed in the following trade occupations, thereby relieving men for the necessary war work, railway, electric and motor transportation, porters and elevator operators, civil service, electrical operators, delivery wagon operators, motor mechanics, building trades, metal trades, chemical trades, textile trades, clothing trades, food production and manufacture, paper, and printing and allied trades, woodworking, jewellery, waiters in hotels and restaurants, telegraphy, some departments of shipbuilding, military auxiliary service (women may be employed in a women's auxiliary corps for service behind the lines, as is done in the Imperial Army).

2nd. That women should be employed in these industries on the terms of equal pay for equal work, and with a careful supervision of hours and conditions of labor, especially for the purpose of conserving potential motherhood. We place ourselves on record in favor of the principle of minimum wage for women. We would respectfully suggest that any wage board or adjustment bureau which may be appointed, either federal or local, include women.

3rd. That the training necessary for women before they can be employed in various trades can best be provided by technical schools, vocational training night schools, agricultural schools, and any other agencies which may exist or be created.

4th. That private employment agencies should be abolished, except those conducted by recognized philanthropic institutions, and provided Government or municipal agencies be established; and that in the establishment of Government bureaus, where creditable, the private bureau and staff should be absorbed.

5th. That we recommend provincial labor exchanges if they are co-ordinated with a Federal labor exchange. We suggest that they co-operate with existing trades and labor organizations where possible.

National Registration.—The Registration Board was appointed a few days before the conference met and the following resolution was presented:

"Resolved, that this conference wishes to express to the War Committee its great appreciation of the appointment of a woman to the Registration Board. This is the first time any woman in Canada has been made a member of a Government Board, and in the appointment of Mrs. Plumptre the conference sees with satisfaction the beginning of the time when women, having proved themselves worthy, will be permitted to share in the cares and responsibilities of Government."

The details of National Registration have not yet been decided.

Co-operation of Women's Organizations.—An advisory committee to the conference was formed, the personnel being the presidents of the nationally organized women's societies. This committee also combined national and provincial organizations.

The general feeling was that there is at present a certain lack of co-operation between organizations and also a lack of unity of purpose. All members present felt that the women of Canada should stand together regardless of organization, and the following resolution was presented:

"Whereas the calls upon time, money and energy, caused by the war, become daily more urgent, and whereas, there is an ever-growing conviction that unity is an essential factor in the winning of the war;

"Therefore, be it resolved that we, the national and provincial leaders of women's organizations, hereby pledge themselves to stand for the closest possible co-operation and to urge upon our branches a similar unity of purpose.

"Resolved that we, the national and provincial heads of various women's organizations pledge ourselves, in view of the urgency of the present crisis, to issue an immediate call for fuller service and sacrifice on the part of the women of Canada through our official national and provincial organs, through speakers, and through publicity bureaus, as well as by precept and example."

After reading this resolution, the members of the Canadian National Association of Trained Nurses will know that, as their President and representing them, I did not hesitate to pledge the co-operation of our nurses with all other women's organizations. This co-operation will be largely local. Each nursing organization is, therefore, urged to get in touch with all other

organizations in its own community and to take an active part in any undertaking which is for the common good.

Nursing organizations, more or less, confine their activities to professional matter, but this call for service has come to all, not as professional women, but as citizens.

Women In National Service.—In this connection the following resolution expresses the feeling of all attending the conference and needs no explanation:

"Resolved that the conference desire to express to the War Committee of the Cabinet their great appreciation of the recognition shown of the place of women in Canada by the invitation issued to some among them to meet in conference in Ottawa. They feel that their admission to a fuller knowledge of the war crisis and the opportunity of conferring with Ministers of the Crown will mean a new era in the life of the nation, and they must earnestly hope that they may be able to bring before the women of Canada a yet fuller call to service and sacrifice. They also cannot adequately express the deepened sense of unity which has come to them from this meeting of women from all parts of the country."

The conference was formally opened on Thursday afternoon, February 28th, by His Excellency the Duke of Devonshire. Her Excellency the Duchess of Devonshire was present, not only at the opening meeting, but at every general session of the conference. The conference met the War Committee of the Cabinet on Saturday afternoon, March 2nd, and presented the recommendations of the different sections. Owing to absence from the city, the Premier, Sir Robert Borden, was unable to be present, but was represented by Sir George Foster; Mr. N. W. Rowell acted as chairman.

The meetings of the conference were long with practically no time between sessions. Their Excellencies entertained the women of the conference at tea in Government House on Thursday afternoon. On Saturday evening the members of the Cabinet and their wives met those attending the conference in the Chateau Laurier. A very enjoyable hour was spent.

Each woman privileged to attend came home with the feeling that women, as individuals and also as members of organizations, have a great responsibility in the present struggle. The closing remarks of Mr. Rowell were, "I feel sure that by your agency the spirit of sympathy and co-operation kindled at this conference will be spread throughout the womanhood of Canada."

Economy Corner

A nurse reminds us that, in war time, economy is very necessary, and recommends the use of rice water instead of starch to stiffen underlinen.

We should be very glad of practical hints from the nurses for this corner. This is their magazine, and we want them to help to make it a success.

The Position of the Nurse in Venereal Disease

By C. H. Hair, M.D.

The subject of this article was suggested to me by a recent remark of a graduate nurse, who, while nursing a patient on whom I had performed a perineorrhaphy, noticed a slight vaginal discharge occurring about the third day. Surmising the probability of it being gonorrheal, said she never intended nursing a patient with such an infection. Such a position was, to say the least, absurd and impossible if she intended to follow her vocation and have a nursing experience among women, when one considers the prevalence of venereal disease.

In considering the subject, therefore, if we know that every nurse must encounter these diseases, not only in her training but afterward, the question of utmost importance to her is how she can best protect herself and others from infection.

First of all the two diseases classed as venereal gonorrhea and syphilis have to be considered separately and from different aspects of their contagion. That both are very prevalent we are all beginning to recognize, and when we learn that from twelve to thirteen per cent. of all public ward patients in the Toronto General Hospital have syphilis, and from twenty-five to fifty per cent. of the patients in the gynaecological wards have or have had gonorrhoea, one has some idea how impossible it is for a nurse to avoid coming in contact with these diseases, not only during her training, but also during her whole nursing career.

If all nurses are exposed to these infections, then a certain knowledge of the clinical aspects is necessary in order to protect herself and others.

In dealing with this question we must consider the diseases separately, as there are very distinct dangers in each disease.

Gonorrhoea.—In the acute stage in the female the disease can be detected readily. The danger exists in the discharge, usually vaginal, and the infection may be carried from one patient to another by carelessness of a nurse.

If the eyes become infected, it is a most serious condition and loss of vision usually follows. In one year in a foundling asylum in Vienna, thirteen nurses are said to have lost their vision. The use of preparations of silver in the eyes of the new-born is routine treatment in many hospitals. Considering the work of a nurse, I would say that in obstetrical and gynaecological nursing she is most exposed to the danger of infection. Protection can be secured by the use of rubber gloves and forceps, but here the nurse and doctor must be trained not to expose themselves unnecessarily. Care must also be taken in catheterizing, as there is great danger both to the patient and nurse of spreading infection.

All bedding should be considered as infected linen and treated accordingly.

Now let us consider syphilis and its dangers. Many, I believe, have the idea that the greatest danger of infection lies in coming in contact with the blood. This is not the case, as I wish to bring out in discussing the stages of the disease. Syphilis has three distinct phases rather than stages, and each has certain definite characteristics. The first of these stages is an open sore or an abrased or broken mucous membrane. Of course, the most probable site of the initial lesion is on the genitalia, and therefore the chance of infection is limited to those coming in contact with the secretion of the sore. The nurse, then, should be most careful and avoid direct contact with a sore of any nature in doing treatments, as any abrased areas on her hands could be an avenue for infection, or her hands could be a means of carrying infection to any abrased surface. When we come to the consideration of the next phase of the disease, it is one of the most important questions in preventive medicine.

In the secondary stage or phase of the disease, we have a condition where not only the blood but also the skin rash and all mucous secretions, especially the mouth, are most contagious. Probably seventy-five per cent. of early genital infection of syphilis occurs around the buccal cavity. Hence there must be in some way direct transmission of these infectious secretions by kissing, drinking utensils, or other means to the uninfected and usually innocent victims. Even in the touching of a skin rash in this stage, there is an element of danger, as the active spirochete can readily be obtained from the spots constituting the eruption, therefore the hands should be thoroughly disinfected and washed after contact. That the majoriy of such cases should be isolated is no longer a disputed point, and yet, so far, few hospitals have made such provision, hence the nurse has a double problem forced upon her. She must protect herself and others from the danger. My personal feeling on this matter is so strong that if you gave me a choice between contact with a patient with smallpox after the infective or fever stage, or a patient in an active secondary syphilis, I would choose the former, yet the one we quarantine and the other is at large kissing little children, eating and drinking in our restaurants, sleeping with others and perhaps preparing food. The seriousness of the contagion in the secondary stage is perhaps unsolved, yet I would not be surprised that very soon this stage of the disease will be classed as one of the most contagious diseases.

Now, when we come to consider the symptoms of the later stages of syphilis, they are so varied in character because of the involvement of the deeper structures of the body that many of the dangers disappear unless secretions come from surface symptoms. Besides, time is the great enemy of syphilis and, although age does not stale the infinite variety of symptoms, yet, undoubtedly, some virulence of the disease from a contagious standpoint lessens, although these cases may be still infective.

In treating this subject, I hope I have not under or over estimated the dangers in these dread diseases; diseases so prevalent that one shudders for the future, because we appreciate their ravages in the human race. Realizing these results are but the fruit of past ignorance, to suppress the same, the

task is Herculean. However, let me say that perhaps no recent study in science will do more to drive into oblivion the old adage as applied to disease, "where ignorance is bliss 'tis folly to be wise," than the present study of venereal disease questions, because when ignorance means disease and death 'tis folly only "NOT" to be wise. In conclusion, I also feel that much of the education needed to lead mankind out of the slough of ignorance must come from the doctor and nurse.

Report of Nova Scotia Graduate Nurses' Association *re* the Late Explosion

By Catherine M. Graham

It is difficult, indeed, to estimate what part the members of our Association played in the great tragedy which descended upon our city with such terrible suddenness on the morning of December 6th, 1917. Never-to-be-forgotten date! One is more or less familiar now with the amount of work performed by each hospital, both military and civil, and this work cannot be considered apart from the nurses. Let us take a hasty glance through the various institutions, and we shall, perhaps, get a better idea of the amount of work performed by the nursing staffs.

The Cogswell Street Military Hospital, or, as it is better known in army circles, the Station Hospital, being nearest to the scene of the dread disaster, was the first to receive into its shelter the poor victims of this terrible occurrence. The official figures of the number of wounded cared for on the first day report between four and five hundred. When one takes into consideration the condition of the building (the outer doors torn down, all the windows, and in some instances the casings, blown into the wards, part of the ceiling of the operating room destroyed), one realizes the difficulties under which the nursing staff must have labored; and these labors were incessant, day and night.

At Camp Hill Military Hospital the situation was one which has been spoken of by those who witnessed it as well nigh indescribable. One realizes this when one considers that fourteen hundred (1400) patients were admitted to this hospital with its two hundred and eighty (280) beds. They came in ambulances, carts, wagons, motor cars, or were carried in the arms of friends. Every patient was given at least a mattress, and it was with difficulty that the nurses made their way about, so congested did the wards and halls become. After a few days, order was brought out of chaos, and everything ran comparatively smoothly. Broken windows, transoms, and doors had to be repaired, and operations, sterilizing, dressings, feeding and bathing of this largely increased family had to be systematized. All this meant work, and lots of it, but every one was willing and cheerfully bore the long hours without a thought of rest.

At Pine Hill Military Hospital fewer patients were received, and for this reason, more individual attention was possible for each one. It is esti-

mated about one hundred and twenty-five (125) were treated the first two days. A large number of Pine Hill "boys" were rapidly evacuated to make room for the civilians. A good many were sent to the Moxham Home, Sydney, and some to their own homes, thus making room for about seventy victims of the explosion. All ages were represented in this group, from a tottering old man to a four-days'-old baby. A "Babies' Ward" was established, and was the most cheerful place in the house during that sad time; for the occupants, all unconscious of the terrible event that had brought them to Pine Hill, laughed and cooed in spite of cuts and bruises and fractured limbs. Many patients came in from day to day to have their wounds dressed, and altogether it was a very busy and strenuous time.

No detailed report has been received from the Victoria General Hospital, but every one is well aware how splendidly this institution rose to the great needs of the sad occasion, and how patients were received until its walls could hold no more. At the Children's Hospital very strenuous days were passed in caring for the most pathetic, perhaps, of all the cases, the little children. About forty-four (44) patients, perhaps, were treated each day, and seventy (70) altogether remained permanently. The famous "Ashpan" baby was sheltered here, although it was at Pine Hill that this small celebrity made her debut, and was "thawed out," being later transferred to the "Children's," where she became a centre of attraction.

No statistics are at hand regarding the Nova Scotia Hospital, Dartmouth, but we know many victims of the explosion were rushed there, and it stands in line with all the others as having contributed very materially to the care and comfort of the sufferers.

At all these various institutions a large majority of the nurses, including the various superintendents of the nursing staffs, and the matrons of the military hospitals, are members of this Association. Coming now to the members enrolled on our register who are doing "private" work, we find that they promptly responded to the "call" (which was loud and clear, indeed) and worked long and steadily, either in hospitals or outside them, for the welfare of the stricken ones.

And our "married members" also, one and all, did yeoman service on that terrible day. They hastened out from their homes to "do their bit" wherever it was needed, or, in the case of members married to physicians, they found ample opportunity assisting their husbands in the dressing of wounds; as one doctor's wife expressed it, "I was thankful for my training, as I had the opportunity of helping many poor sufferers." These members are still giving their services, serving on various "Relief" committees; and not only did our married members spend themselves in the common cause, but they opened wide their doors to the homeless and gave them shelter.

We are thankful to record that while the grim reaper, Death, took heavy toll of precious lives on that memorable day, our Association was not called upon to mourn the loss of any of its members. A few names must be recorded in the "wounded" column, but their injuries were mostly of a minor nature, and did not prevent those affected from "carrying on." To

the members (few in number we are glad to say) who suffered personal sorrow in the loss of loved ones, we desire once again to express our heartfelt sympathy, and our admiration of the manner in whicch they stuck to their posts, though we knew "their hearts were yearning."

Such, in brief, is the record of our members during the worst time in the history of our city; and while each individual nurse may, and does, feel that what she herself accomplished seemed very trifling in the face of the appalling need, yet, I think, in the general summing up, this Association has no reason to blush for the conduct of any of its members, as during that terrible crisis they lived up to the best traditions of their profession.

A report of this nature would not be complete, coming, as it does, from an organization representing the majority of trained nurses in this city and Province, if we did not make some acknowledgment of our deep appreciation of the manner in which our sister nurses across the border, as well as our own Canadian nurses, responded to our great and awful need. Every one is familiar with the facts, so there is no need to particularize. Suffice it to say that a great many of our larger buildings (in other and happier times used as schools, colleges, clubhouses, and for various other purposes) were turned into hospitals, and in these hospitals were to be found Red Cross nurses, institutional nurses, private nurses, school nurses, and, in fact every branch of the profession in "active service" to-day in the United States; and side by side with them were nurses from St. John, Prince Edward Island, Montreal, Toronto, and many other sections of Canada. From the New Brunswick Association of Nurses came a money grant of twenty-five dollars ($25.00), and from the British Columbia Association one of fifty dollars ($50.00), as well as a large supply of surgical dressings from Vancouver G.N.A. (these gifts of money were privately expended by our Association). To each and every one of these "strangers within our gates," whether they came alone, or were attached to a "unit," we desire to record our appreciation of the vast service they rendered us, and our pride in the splendid way they measured up to the high standards that have been set for nurses since the days of Florence Nightingale.

There still remains a duty for this Association to perform—nay, not a duty, but a pleasure. It is to record our admiration of the wonderful help and service given in our hospitals by a large group of those whom we are pleased to call the "laity." Scores of our women and young girls presented themselves at the hospitals, begging to be allowed to "help," and although gruesome sights met the eye at every turn, and one had need of a stout heart to bear one safely through that troublous time, to the everlasting credit of our women be it said that the "help" they rendered was of the very finest kind. To this band of valiant workers we desire to extend our grateful thanks, and to remind them, in the words of Whittier:

"If thou hast been permitted to cheer and aid,
In some ennobling cause, thy fellow man;
If thou hast lent strength to the weak; and, in an hour of need,
Over the sufferer, mindless of his creed, or home hath bent,
Thou has not lived in vain."

An Appeal from the Council of National Defense

The Council of National Defense has sent a communication, of which the following is a part, to the several state councils of defense:

The Committe on Nursing of the General Medical Board of the Council of National Defense asks your co-operation in meeting nursing problems which have arisen because of the war.

Can Help in Two Directions.

The state councils can help in two directions: (1) On the positive side, by encouraging hospitals to increase facilities for the thorough training of nurses and by stimulating women to take advantage of these; (2) on the negative side, by discouraging makeshift schemes of training by short-term hospital courses, which are at present unnecessary and likely to result in harm. The second of these lines of assistance is as important as the first; the two can scarcely be separated and can be best carried out together.

What Is Required.

(a) That hospitals which possess sufficient clinical material to give competent instruction shall be encouraged to increase their facilities for the thorough training of nurses. In many cases, hospitals can provide additional facilities without extra expense to themselves, provided the public necessity is appreciated by all concerned in their management. In other cases, inadequacy of living accommodations alone may prevent hospitals from taking on more pupil nurses, and in such cases the loan of nearby houses may solve the problem. In still other cases, special financial aid to enlarge training facilities may be necessary. In order to open up another important source of additional training facilities, hospitals should be encouraged to make arrangements with standardized visiting nurses and other public health activities whereby the training material which these have at their disposal will be made available for pupil nurses.

(b) That young women, especially those with the advantages of good education, shall be encouraged to enter regular training courses in order to insure the maximum use of training facilities. The appeal to their interest should emphasize the element of war service and make clear what are the real nursing needs of a long struggle; the advantage of nursing as a permanent profession can also be pointed out. If those who take up the thorough courses are of good general educaction, it will be easier to adopt such methods as the earlier graduation of pupil nurses, should these methods become necessary as a last resort. The Committee on Nursing has already taken steps to appeal to the interest of women, through numerous circular letters sent out from its office. There has been an increase of about 20 per cent. in the applications for entrance into training schools.

Short-Term Courses Inadvisable.

The Committee on Nursing believes, on the basis of its investigations to date, that the establishment of special short-term courses in nursing in hospitals is at present inadvisable. A further feature of the program of the Committee on Nursing, which it wishes brought to your attention, is the thorough survey of the nursing resources of the country. This survey has been authorized by the Council of National Defense. It will supplement the investigations already made by the Committee on Nursing and will cover trained and untrained and volunteer workers.—*Public Health Nursing.*

Sketches in a Military Hospital

(By a Newfoundland Volunteer Cook)

The great new wing of our hospital is opened. The ceremonial opening was on Friday, but I cannot tell you much of that, though I could write reams about the cleaning activities before the event. Every hole and corner was specially poked out and cleaned, every brass tap polished to dazzling point. The vegetable house was so clean and spotless that it was some days before we could bring ourselves to scrubbing a potato there. The bins were also scrubbed white and the vegetables arranged best side up, until the place looked like a series of "Still Life" pictures. I spent Friday morning in scrubbing tables and scouring tin boxes, while someone else polished the cauldrons until they looked like rising suns. Even the roller towels were of unblemished whiteness, in striking contrast to their usual "popular" appearance. We had our lunch early, and at eleven Kathleen and I repaired to the dairy and, after "scrubbing up," changed our aprons and sleeves and perched clean, crisp caps on our heated brows. Then we all started on our "show" work, as Miss G—— very sensibly judged we should look too silly, standing round with an air of conscious achievement and a too suspicious cleanliness. In the kitchen they started rubbing butter into flour and paring apples. Kathleen and I were banished to the dairy to unpack eggs. The last dozen we packed, and unpacked, and repacked with frenzied fervour at each false alarm. At five minutes to twelve the Duchess ——, and her party of notables, petering down to the usual clergymen in and out of khaki, sailed in. They sailed in at one door and out of another, graciously smiling on all around, but without one glance at the "Vegie" house, not one poke of the nose round the door to the dairy!

We gave them a few minutes to vanish, then took to our heels to try to secure a hearing or seeing place for the speechifying. Alas! the whole of A—— was there. Those who were not in time for the guests' enclosure were craning their necks over the partition, like horses in a loose-box, standing on beds and kneeling on locker boxes in a way that roused

the ire of the orderlies. "Get off the boxes, please. Kindly no one stand on the beds." Kathleen and I felt very virtuous, for we had descended a minute before he appeared. We caught a glimpse of lovely carnation bouquets, and rows of white-faced nurses and cooks, waiting to get their medals, indicative of one year's consecutive work, with a bar for the second year.

We saw one or two of the cooks advance nervously, heard echoes of speeches drowned in oceans of applause, for the cooks are great favorites with the men; then—"the subsequent proceedings interested us no more," and we returned to our kitchen. As we passed down the ward the men were chanting—"We want our dinner." "We want our dinner." They stopped to ask us "When?" I told them "one o'clock," not that I knew, but thought it would not be later, and if it were earlier, what a pleasant surprise! The place was over-run with visitors who had given up all interest in the opening ceremonies, and who poked their noses into every nook and cranny, even if the Duchess hadn't, so our energetic cleaning was not all for naught. At lunch we heard, from some lucky ones, little details of what had been said and what had happened. Many compliments had been paid to the nurses and sisters, and a great puff for the cooks—"Lastly, to those without whose help we could not exist, without whom surgeons and doctors would be useless—The Cooks," loud and prolonged cheering. A nice slap for "those nurses," who have been known to remark we were "only the cooks." The bouquets were to have been presented by the littlest scout, but he appeared in a dirty shirt and had to go to buy another, so gossip runs. At any rate a "limbless man" did the honors, much more appropriately we all agreed. Great dissatisfaction with the public for standing on the new beds, but rumors go that *nurses* showed them the bad example. Woundy, the store man, was most indignant that we had not had "seeing" places. Woundy is the pivot on which all kitchen things swing. Do we want strawberry jam?—Ask Woundy. Do we want our knives sharpened? Again ask Woundy. He is a discharged soldier, and really not a bad old sort.

* * * *

Our Christmas doings will interest you, I hope. It was cold and wet and dark when I went to the hospital on the morning of December 24th. The streets were even quieter and more deserted than usual, for we generally have the postman on his rounds for company. In the kitchen all was bustle and confusion. The turkeys were all stuffed and ready, and there were great hurryings to and from the larder with huge pans, in which they lay, adorned with great lumps of dripping, ready for the ovens. A new gas range had just been put in, and I really do not know what we should have done without it; the girls who attended to basting the turkeys just went from one oven to another, and when they got to the end, started again at the beginning. At twelve the doctors arrived, with big white aprons and carrying their own nice carvers, and started in to carve the birds. You should have seen the beautiful brown turkeys,

sitting on the warm carving boards, and the doctors getting redder and redder, and the turkeys ceasing to be brown and beautiful darlings! Such a hurrying up with fresh ones from the ovens, and taking away of the pathetic carcasses! I helped to turn out the plum puddings and decorate them with sprigs of holly and flags. They looked very gay as they were taken away on the trolleys. Then the doctors left to go to another hospital, and we, in nice clean aprons, hurried to the "Wing" to see the men at table. We were met at the door by the Matron, who said "Go right in," and when we appeared in procession the men cheered and cheered for the cooks! It was quite unexpected, to me at least, and rather embarrassing. As we passed the tables the men thanked us and wished us a "Happy Christmas." In each ward we received the same welcome. The men certainly were having a lovely time. The wards looked splendid, and the paper flowers were a great success. Arches and festoons of flowers were arranged everywhere, and over each man's bed was a thistle, a shamrock or a rose, according to his regiment. The men had made wonderful models of submarines, aeroplanes, tanks, and dug-outs covered in snow, also a field ambulance and hospital ship, with everything complete. It was evident the men had entered into the preparations with all their hearts. Before I came away, the sun had shone out and the wards looked bright and cheery.—*The Newfoundland Quarterly.*

WE THANK THEE, LORD!

For mercies manifold in these dark days.
For Heart of Grace that would not suffer wrong.
For all the stirrings in the dead, dry bones.
For bold self-steeling to the time's dread need.
For every sacrifice of self to Thee.
For ease and wealth and life so freely given.
For Thy deep soundings of the hearts of men.
For Thy close knitting of the hearts of men.
For all who sprang to answer Thy great call.
For their high courage and self-sacrifice.

For their endurance under deadly stress.
For all the unknown heroes who have died.
To keep the land inviolate and free.
For all who come back from the gates of death.
For all who pass to larger life with Thee,
And find in Thee the wider liberty.
For hope of Righteous and Enduring Peace,
For hope of cleaner Earth and closer Heaven,
With burdened hearts, but faith unquenchable,
We thank Thee, Lord.

—JOHN OXENHAM.

Editorial

The dates for the two Nursing Conventions have been arranged for and the members and affiliated societies will be able to plan now as to delegates, etc. The Canadian Association of Nursing Education will meet Tuesday and Wednesday, June 4th and 5th, and the Canadian National Nurses' Association June 6, 7 and 8. Full details of the arrangements and other information about these meetings will be given in the May issue. These are busy days and the calls on the finances of the nursing associations are many, but it is doubtful if any nurse can afford to stay away, and certainly every affiliated society should make every effort to have representatives, or one delegate at least, at the meetings. Much important work has to be done in both associations, matters of interest to us all, and it is not fair that the few should have to take the responsibility of settling the nursing problems and plans for the whole. It has been the experience of those who for some reason or another had taken very little interest in association work, that, after attending one of these conventions, they saw as never before how much could be accomplished by all working together. We are so apt to be so busy in our work that we fail to realize that a rut may be either large or small, and that we may be shutting ourselves, and our own little schemes, away from the rest of the profession, who are entitled to get the benefit of our experience, as well as give of theirs.

Letters to The Editor

Dear Editor:

I beg to protest with all my strength against the publication and dissemination through our journal, "The Canadian Nurse," of such an immoral (in the large sense of the word) article as appeared in the March number, last paragraph of "News from the Medical World," presented by Miss E. R. Scovil. I refer to the assertion that "pregnancy should be terminated before the fifth month in all active cases of early and moderately advanced pulmonary tuberculosis, and in all advanced cases where the process is quiescent."

Aborticide is a punishable offence. The spreading of such pernicious advice might well be, too. In these days when the loss of life is so appalling on the battlefields of Europe, conservation of life would be more timely. Eugenists might better contend for a law which would prohibit tubercular persons marrying. However, I have it on good authority that the fetus or

child does not contract tuberculosis in the uterus, though there may be a tendency or susceptibility after birth.

That some thought may be given to the seriousness of this matter, let me quote from an eminent embryologist who has given us a kinematagraphic film of ante-natal existence. Describing ante-natal development to the end of the sixth week of embryonic life, he says: "It is important that it should be realized that before the mother is aware that she is pregnant, or at least before she is sure that she is, there is already a new life in her womb, not a structureless, featureless kind, but one which is centred in a body that is furnished with practically all the organs possessed by the infant at birth. It may not have a very human appearance, but it is teeming with life of a most active and specialized kind. It can not continue to live independently of the mother, but it is a living creature; it will be a new-born infant in a few months, and it has an inherent right to live."

Let us rather try to save the babies, and not co-operate in killing them!

In the event of some one contending for benefit to the mother, I should like to ask if, in the case of two persons in danger of drowning, who are clinging to a plank, it would be justifiable to push the other fellow off to save oneself?

There can be only one answer.

Sincerely,

MARY JANET KENNEDY.

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354 Linden Avenue,
Victoria, March 30th, 1918.

Dear Editor:

I was surprised to see the small article on "Tuberculosis and Pregnancy" (in Miss Scovil's "News from the Medical World") in our journal.

In these days when we are advocating the conservation of life, especially of infants, it was rather a shock to me to read that some were advocating terminating pregnancy before the fifth month.

I agree that tubercular patients should be instructed how to take care of themselves, also how to take care that they are not a menace to other people. It seems to me it would be much better to teach them not to marry, than to teach them to sacrifice the life of their unborn babe.

From what I have heard and read, I have always understood that tnberculosis was not hereritary, but that the progeny of a tubercular patient would be more susceptible if they came in contact with the disease. If the mother does not nurse her babe, and it is well and judiciously fed, and lives an out-of-door life, it stands a good chance of becoming a healthy citizen.

Yours truly,

E. H. JONES.

Don't trouble to pack up your worries; you can borrow them anywhere as you go along.

Account of the Annual Meeting of the Victorian Order of Nurses.

The twentieth Annual Meeting of the Board of Governors of the Victorian Order of Nurses for Canada took place at Government House on the afternoon of March 14th, the President, Mr. J. M. Courtney, C.M.G., I.S.O., in the chair. His Excellency the Governor-General, Patron of the Order, addressed the meeting and spoke very earnestly of the needs of conservation along all lines in Canada today, especially along that of conservation of human life; and hoped that the Victorian Order would be able to very materially extend its services.

Mrs. Hanington, chief superintendent, reported on the work of the year. The order had fifty-five branches for district nursing in operation during that time, though many were short of nurses and others could have greatly extended their work had they been able to increase their staffs. Twelve districts are closed because there are no nurses to give them. Twenty-two little hospitals are in affiliation with the order in serving the needs of their communities in the outlying districts of the prairie provinces. In five of these there are small training schools. These do a great deal of maternity work and in some cases the hospital and the district work are combined, when possible, the nurse going out to help the doctor for a short time, or to go into some far-away farm house for a few days, where the mother cannot leave her little flock to go into the hospital for care. Not many more of these hospitals will be established, as in both Alberta and Saskatchewan the Municipal Hospital Act is in force and these institutions will be established from time to time as the Provincial Boards of Health so decide. This will leave the order the opportunity to give its time and support to the original scheme of the order, to provide skilled nursing service for Canada, especially in the outlying portions of the West. The late superintendent, Miss MacKenzie, advocated the little nursing home where two nurses could live together and work a double district. The transportation problem in the prairie has been solved through the free use of the motor car. This scheme has

the endorsation of the Women's Grain Growers' Association of the West. It will be the work of the Victorian Order in the coming year to put this policy into operation with all possible haste. The lack of nurses is greatly felt not only in the Victorian Order, but all the training schools in Canada are short of students. The nurses of the order have asked the Board of Governors to request the Premier of Canada to make an appeal to the young women who have a vocation for training to enter the regular training schools and prepare themselves for this form of National Service.

An interesting item of the year's work was the account of the relief party sent down by the Victorian Order to Halifax. Not only did they take over all the district work and the care of the shelters, but later, in conjunction with the American Red Cross and under the supervision of Sir Frederick Fraser of the School for the Blind, they classified and visited all the eye cases resulting from that disaster, 550 odd cases in all.

In closing, Mrs. Hanington expressed the grateful thanks of the nursing service to Her Excellency the Duchess of Devonshire, the Honorary President of the Order, for the kind personal interest she has taken in their work, and their appreciation of the interest she takes in securing help for the pioneer mother of the prairie provinces.

The President, Mr. Courtney, retired, after holding office for eight years. Her Excellency, the Duchess of Devonshire, on behalf of the Executive Council, presented him with a beautiful silver loving cup suitably engraved, accompanied by a gracious message of appreciation and thanks for his services.

Dr. Thos. Gibson was elected to fill his place.

At the conclusion of the meeting Miss DeLany, district superintendent of Montreal, presented the Duchess with a beautiful basket of red and white roses with an expression of thanks for the interest she had shown in the deliberations of the Nurses' Conference which took place before the annual meeting. Her Excellency entertained the Board of Governors and representatives at tea.

This meeting was of particular interest, because over thirty nurses of the Order were in attendance.

In the evening a joint conference was held between the Board of Governors and the nurses, in which they discussed the future policy of the Order. The Order feels that their usefulness will be much enlarged on account of the co-operative action of the Executive Council with the suggestions from the Conference of Nurses.

* * * *

The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months, and may be taken at one of the training homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents, at 281 Sherbourne Street, Toronto, Ont.; 46 Bishop Street, Montreal, Que.; or 1300 Venables Street, Vancouver, British Columbia.

The Canadian Nurses' Association and Register for Graduate Nurses, Montreal

President—Miss Phillips, 750 St. Urbain Street.
First Vice-President—Miss Fairley, Alexandra Hospital, Montreal.
Second Vice-President—Miss Dunlop, 209 Stanley Street.
Secretary-Treasurer—Miss S. Wilson, 638-a Dorchester St., West.
Registrar—Mrs. Burch, 175 Mansfield Street.
Reading Room—The Club Room, 638a Dorchester Street West.

The regular monthly meeting of the Canadian Nurses' Association was held in the club room on March 5th, the President, Miss Phillips, in the chair.

Dr. Geo. Hall, who was the speaker of the evening, gave a very interesting lecture (one of a series) on blood, its composition and functions.

There was a large attendance. The subject of increasing the fees in Montreal for graduate nurses was discussed at some length as it will be brought up for voting at the meeting in April.

Large Medical Class—Dalhousie University, Halifax, has the largest registration in the first year class in medicine. Most of the students of the higher years have returned, but many members of the teaching staff are still on active military service.

New Hospital—The Isolation Hospital at Saskatoon, Sask., has been completed. It is adjacent to the City Hospital, has four wings containing twelve wards, with additional accommodation for the nurses. Accommodation is also provided for insane patients awaiting their removal to a hospital for the insane, so it will be no longer necessary to place such patients in the common jail.

Increased Demand for Nurses—Several American hospitals, in order to meet the demand for more nurses, have taken larger classes than usual. Bellevue Hospital, New York, has initiated a plan of taking a certain number of pupil nurses, who bear their own living expenses. Some hospitals are offering a shorter course to college women, who, it is hoped, will be qualified to fill responsible positions in institutions and in the public health service. Qualified young women are urged to take up the profession of nursing and prepare to fill the gaps in the nursing service left as the war goes on.

News from The Medical World

By Elizabeth Robinson Scovil

Treatment of Pneumonia.

The open-air treatment is the latest and best in the therapeutics of this disease. The patient must be well wrapped up and protected, then allowed all the fresh air that is available; it is beneficial in every way, modifying most of the symptoms and aiding all forms of medication. If patients are allowed more fresh air at the beginning of the disease, less call for oxygen will be made at the end; fresh air bears about the same relation to canned oxygen that good porterhouse steak does to embalmed beef. The diet must be of the most nutritious, but easily digested food, and given at intervals of every three hours, watching that it is assimilated. A distension of the stomach and abdomen is dangerous. Strong black coffee is valuable throughout the disease. Liquid or semi-solid substances, as milk, broth, eggs, etc., are especially useful. Continuous creosote inhalations are beneficial.

Defecations

In a paper on another subject these sensible directions are given. Attempt to have a movement of the bowels when arising. If unsuccessful, do not worry about it nor think of it. Whenever there is an inclination for defecation, nature's call should be obeyed, otherwise wait till next morning. Drinking of water, ingesting large amounts of fruit, salads, jams and vegetables will greatly contribute toward regularity of the bowel movement. Massage is also a very valuable means of stimulation. Lying on the back in bed, follow the course of the colon, kneading deeply with the clenched fist. Begin low on the right side of the abdomen, come up across and down the left side, repeating the movements twenty-five or thirty times. Make it a habit to do this each morning before arising.

Sleep

Sleep is the acme of rest. In this state the muscles, nerves and brain cells are completely relaxed, the heart beats more slowly, the only relaxation it ever has, and the blood stream washes out and carries away all waste products which had accumulated during the period of work. Rest and sleep are essential in keeping the digestion in good condition.

Exaggerated Fear of Tuberculosis

An eminent New York physician says that consumption has become a great dread of the individual and to the community. The individual is

not infrequently rendered unduly morbid, and a disease which is often thoroughly curable with a little time, fairly good surroundings, and a few properly selected medicines, becomes a badge of martyrdom.

In my judgment the danger to the community is very slight, especially from patients in the first stage, or even the second stage of the disease. Later, when pulmonary cavities, profuse expectoration, etc., are present it is different. Then careful and special precautions should be taken, but no exaggerated fears allowed. The sputa should be properly disposed of according to established rules, and the patient should not cough when others are present without protecting his mouth with a handkerchief. He should sleep alone, be careful to wash his hands when soiled and have his own towels and table utensils. There are some persons who cannot live in the country and they must live in the city. I, for one, am convinced that tuberculosis is not very contagious.

Support For Patient In Labor

A strap passing behind the neck buckles to broad wristlets, the arms are held up on a level with the shoulder, although the hands can be freely moved. Another strap passing over one shoulder and under the opposite arm buckles to two long bags which fit over foot and leg and hold the leg flexed at knee and thigh. Although held firmly there is no appreciable constraint, arms and legs can be moved freely within a certain range. This apparatus is valuable when assistants are few.

Abortion and Congenital Deformity

A Paris medical journal describes five cases in which healthy parents, with one or more healthy children, have had a child born with deformities of different kinds, or idiot, or epileptic, and the mother confessed that "she did everything to arrest the pregnancy." The child born with defects, the result of some poisonous or traumatic effort to induce abortion, may be the first of a series transmitting the defect to many descendants.

Angina Pectoris

A writer in a Spanish medical journal thinks that the symptoms known as angina pectoris are of nervous origin, the result of some disturbance causing paralysis of the muscles of expiration. The patient is unable to expel the breath in his lungs but keeps on taking in deep breaths, which increase the pressure in the chest and impede circulation there. The primal cause is some intoxication, tobacco, alcohol, from over eating, lack of exercise, syphilis or other infectious cause. In the purely painful type morphine is indicated, in the type with extreme distress amyl nitrite, or trinitrin, or both in the mixed type. The doses should be very small, not to overburden the already heavily taxed nerves. It is an affection of the nerves, not of the heart, though the two may be associated.

Public Health Nursing Department

Conducted by the Committee on Public Health Nursing of the C. N. A. Under the Convener on Public Health Nursing

TYPHOID FEVER AND PUBLIC HEALTH NURSES.

By Bessie Ely Amerman.

Typhoid fever gives public health nurses an especially fine opportunity; first, because it is protracted and gives a considerable time in which to gain the respect, confidence and affection of the family; second, because we have in this disease so much of demonstrable scientific basis for instructions; third, because the instruction we give on cleanliness and disinfection are such that their practice after the termination of the disease is logical and desirable for general health; and fourth, because by faithful nursing and instruction of each case we really can hope to reduce the incidence of the disease which yearly takes such toll of vigorous lives from the United States.

Medical School Inspection For St. John, N. B.

At a recent meeting of the school trustees' board the sum of two thousand five hundred dollars ($2,500) was voted towards "Medical Inspection" for schools in St. John.

In his report on the health survey of the province of New Brunswick, Mr. John Hall urges more publicity in public health matters and emphasized the need of more hospital accommodation in the city of St. John and greater care in assuming a pure milk and water supply.

Other recommendations are:

1. That the vital statistics law be enforced.

2. That the registration of births, marriages, and deaths for the city and county be placed under the direction of the chief district health officer.

4. That a municipal system for collection and disposal of garbage and other refuse be inaugurated and placed in charge of the public works department.

4. That milk be allowed sold only in bottles or unopened cans.

That milk be graded according to dairy scores and bacteria counts.

That no raw milk be allowed sold except from tuberculin tested cows.

That pasteurization of milk be encouraged.

Province of Saskatchewan

During the last year the school nurse in one of our cities has given the lectures on House Nursing, St. John Ambulance Association course, to two classes of eighteen each, besides assisting with a large "First Aid" class. Teachers and young mothers were the large majority in each class.

The Diet Kitchen

By Elizabeth Robinson Scovil

Gelatine is not usually looked upon as a very nourishing food, and yet it has great possibilities in cooking for the sick. It can be used as a vehicle for carrying nourishment that would not otherwise be taken, and also as a means of introducing many agreeable flavors to tempt the appetite.

It does not build tissue, but helps indirectly to do so, for it is a proteid sparer, that is, it keeps the tissue-building proteid from being used as fuel.

It is obtained by extracting under pressure the gelatinous parts of cleaned bones, horns, hoofs, and hides of animals. A part of this is used for size and glue, the remainder, purified by sulphuric acid, is the gelatine of commerce; which, besides being used as food, is made into medicine capsules, photograph films, etc. It is also made from fish bones, and a very pure variety, known as isinglass, from the air bladder of the sturgeon.

Soup that is made from bones jellies because the collagen, the substance of which the white fibres of the connective tissues is formed, is changed to gelatine by the long cooking, just as raw starch is changed to paste by mixing with boiling water. There are a few general principles to be remembered in using gelatine. It must be softened by soaking in a small quantity of cold water and then dissolved in boiling water. It never must be boiled. If stirred much while hot it may become stringy and refuse to jelly. For this reason the sugar should be dissolved before adding the gelatine.

One ounce, or two- and a-half tablespoonsful, of granulated gelatine, will stiffen from three- and a-half to four cupsful of liquid in ordinary weather. In hot weather, or on a wet day, more is required. In cold weather less. It will jelly in from three to six hours. Too much gelatine makes the jelly tough. Strain the hot jelly through two thicknesses of cheesecloth into a mould wet with cold water.

Beef juice and strong beef tea can be seasoned and stiffened with the proper proportion of gelatine, and in this form are grateful to patients who are tired of liquids. Concentrated mutton broth and chicken broth may be used in the same way. Jellied tomato juice is liked by some persons.

The juice of very many fresh fruits can be made into jelly. Strawberries, raspberries, oranges, lemons, grapefruit make delicious jelly. The addition of a dash of lemon juice to strawberry jelly brightens the color.

Fruit moulded in jelly makes a change for the convalescent, and is pleasing to the eye as well as the palate. Make the jelly a little stiffer

than usual, flavor with lemon, strain it into a pitcher; stand the mould in a pan of very cold water, or crushed ice, and pour in the jelly an inch deep. When it hardens enough to support them lay on the jelly pieces of candied fruit, or sections of an orange, or a small bunch of grapes, pour in the remainder of the jelly and when stiff turn out of the mould and serve with whipped cream.

Jelly may be served in an orange or grapefruit basket. Cut the peel carefully with a sharp knife, leaving the lower half whole for the basket and a strip of the upper half for the handle, remove the pulp and use the juice for flavoring the jelly. Place this basket in a pan of broken ice and either pour in the liquid jelly or let it harden in a dish and break it with a fork into sparkling pieces, before filling the basket with it. If possible stand the basket on green leaves when serving. Children are especially delighted with anything that savors of the unusual in presenting food. When it is desired to make the dish a little more nourishing, fill the basket with orange or grape-fruit charlotte. Soak a quarter of an ounce of gelatine in a quarter of a cup of cold water, pour on it a quarter of a cup of boiling water, add about half a cup of sugar (to taste), juice of half a lemon and half a cup of orange juice and pulp. Beat the whites of two small eggs stiff, and when the jelly begins to harden beat it with a fork, then add the whites and beat again until the mixture is stiff. If grape fruit is used omit the lemon. Stewed apple, canned peaches, pineapple, apricot, fresh strawberries or raspberries, may be used instead. The fruit should be rubbed through a fine wire strainer before being used.

Gelatine may be used instead of cornstarch to stiffen blanc mange and makes it much more delicate. There are countless well-known combinations.

When it is desirable that a good deal of fat should be taken by the patient, it is often a difficult matter to make the daily allowance palatable. Creams are a good way to administer it. Plain Bavarian cream is made by soaking a quarter of an ounce of gelatine in a little cold water, pour on it half a cup of very hot milk, with sufficient sugar to sweeten the cream, flavor with vanilla; whip a cup of cream until stiff and when the other mixture is cold and begins to stiffen stir in highly the whipped cream and beat again until quite stiff; pour into the mould.

Cream to whip must be twenty-four hours old and thoroughly chilled, the colder the better.

A correspondent sends in the following recipe:

COFFEE CUSTARD.

One tablespoonful Knox's granulated gelatine, 1½ cups of coffee infusion, ½ cup sweet milk, 3 eggs, ½ cup sugar, ½ teaspoonful of vanilla, ¼ teaspoonful of salt. Heat coffee, milk and gelatine in a double boiler; when hot pour on yolks of eggs well beaten with sugar, return to boiler and cook until it thickens. Then add vanilla and salt and stir in whites of eggs previously beaten stiff. Set to cool; serve with plain or whipped cream.

Hospitals and Nurses

NOVA SCOTIA

The March meeting of the N. S. G. N. A. was held at the Council House, and was exceptionally well attended. After the routine business had been disposed of, the President, Matron Graham, gave a splendid report of the work done by the members at the time of the great disaster.

The speaker of the evening, Dr. Eliza Ritchie, gave a most interesting address on Equal Suffrage, which was greatly enjoyed by all present.

Miss Pickles, Superintendent of the Victoria General Hospital, Halifax, who has been quite ill with quinsy, is now convalescent and on duty again.

The annual meeting of the V. O. N. of Dartmouth was held recently, the report of work done being mostly encouraging. A high tribute was paid to the efficient work of Miss Gleaves and Miss Bishop, who are doing V. O. N. work in the district.

The nursing officers of the St. John Ambulance Brigade have been assisting with the work at the Women's and Children's rest rooms at Pier 2. There is always a nursing officer in charge of the V.A.D.'s on duty there.

The Civic authorities are taking over the work at the Emergency Hospital at the Y. M. C. A. and will move shortly to the Morris Street school, where temporary quarters are being prepared. Miss Kirkpatrick, formerly of the Truro Hospital, is Matron in charge, Matron McKenzie having resumed her duties at Pier 2.

Nursing Sister Nellie Smith, of New Brunswick, is on duty at the Station Hospital.

Miss Tuxon, head nurse of the V. O. N. in Halifax, returned recently from a V. O. N. conference held in Ottawa. Miss Irene Munro acted as head in her absence.

Miss Burbrow, who has been doing relief work in Halifax since the explosion, was entertained by the local staff in Halifax before returning to Ottawa.

Miss Bent, of Boston, returned home after two months' of relief work.

Miss Gwendolyn McDonald, graduate of the Nova Scotia Hospital, has joined the V. O. N. and has left for Montreal for her training.

Sixteen Nursing Sisters from all over Canada and en route for overseas have been in Halifax assisting at the Station Hospital and at Pier 2. They are under the charge of Matron Gillis, and were entertained at Pine Hill Convalescent Home for a few days. While there the officers gave them a very pleasant "At Home."

It is with much regret that one learns of the illness of Major Corston, who is ill with pneumonia. Mrs. Corston is a valued member of the N. S. G.N.A., and hopes are expressed for his speedy recovery.

The Misses Bertina Rudolph and Grace La Pierre, graduates of the N. S. Hospital, have joined the staff of the Y. M. C. A. Temporary Relief Hospital.

Miss Louise Goyatche, of the N. S. Hospital, is doing private duty in Bridgewater.

A very quiet wedding was celebrated at St. Stephen's Chapel recently when Miss Adelaide Llwyd, daughter of the Dean of Nova Scotia, and a member of the N.S.G.N.A., was married to Lieut. Overton, R.N. The Association extends heartiest congratulations.

Nursing Sister Johnstone, formerly of the Station Hospital, but now a member of the Dalhousie Unit in France, is enjoying a rest in the south of France.

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NEW BRUNSWICK

The local chapter, Graduate Nurses' Association, St. Stephen, was organized November 8, 1917.

The following officers were elected: President, Miss Arthuretta Branscombe; Vice-President, Miss Mabel McMullin; Secretary, Mrs. J. L. Strange; Treasuer, Mrs. Harold Beek.

The following is a list of the Charter Members: Miss Branscombe, Miss McMullin, Mrs. Strange, Mrs. Beek, Miss Johnson, Miss Sharpe, Miss Boyd, and Miss Burnette, who has recently been married.

Three new members have since been added: Mrs. Moffitt, Miss Straghen, and Miss Groven. A meeting of the chapter is held the first Thursday of each month.

Our plan of work for the present is: A quizz master is appointed at each meeting, also the subject for the next meeting chosen, to be looked up by the members. The subject to be covered in about ten questions.

We are sorry to report that Miss Branscombe, since her return from Halifax, was confined to her room for two weeks and was unable to attend the last regular meeting of the chapter.

Nursing Sisters Lila Gregory, Elsie Hatheway and E. McAlpine left March 23rd en route overseas.

Miss Mildred Akerley, Assistant Superintendent General Public Hospital, St. John, is on leave of absence on account of ill health, and Miss Mamie Day is supplying.

Sincere sympathy is extended to Miss Gertrude Williams in the death of her mother. Miss Williams is President of the New Brunswick Association of Graduate Nurses.

Miss Lottie Corbett, Superintendent of Moncton Hospital, has resigned her position and taken a responsible position in the Brooks Hospital, Brooklin, Mass.

QUEBEC

Jeffery Hales Hospital, Quebec City

The following Nurses graduated from the above hospital, January 1918: Misses Dorothy Ford, Portneuf; Cecile Caron, Quebec; Laura O'Regan, Quebec; Doris Ross, Quebec; Edith Glass, Quebec; Violet Owen, Bridgewater, N. S.; Effie Jack, Little River.

Miss Hazel Black (class 1916) has returned to Quebec to do private nursing in the city.

Montreal Woman's Hospital A. A.

At our regular meeting Miss Trench read letters written by the graduates overseas, conveying their appreciation of the Christmas boxes.

Nursing Sister Shaw has been invalided to England, and may be sent home.

Nursing Sister Donkin is stationed at present at Taplow, England.

Nursing Sister Bryant is on leave in Paris.

It was decided by all the members to send a cheque from the Alumnea to the Canadian Nurse Magazine.

Montreal General Hospital Alumnae Association

Nursing Sister Louise McLeod has been mentioned in dispatches by Field Marshal Haig.

We are sorry to relate that Miss M. V. Young has been confined to her bed by illness at her home in Quebec City.

Miss M. Macfarlane has been home for some weeks at North Sutton, P.Q., owing to illness of her mother.

After a month's illness, we are glad to state that Miss N. Telford is back on duty again in charge of S.O.R. at M.G.H.

Miss Bullock, with her sister, has taken up residence at the Ponciana Apartments on Sherbrook Street.

Miss Winnifred Caldwell paid a recent visit to this city after some months in Western Canada and a sojourn in Philadelphia, Pa.

Miss A. Jamieson was called to Halifax, N.S., in February to nurse her brother, who was stricken with pneumonia while there on business.

The sympathy of the alumnae goes out to Mrs. F. Lamb (nee Betty Anderson) and Miss Gruer in the loss of the former's mother and the latter's father.

Nursing Sisters Hutchins ('08) and Cameron ('17) sailed recently with a number of nurses for the front. Miss Hutchins was matron in charge.

Matron Vivian Tremaine, who has been in charge of the Canadian I.O.D.E. Hospital in London, Eng., has been transferred to the Grandville Canadian Hospital at Buxton, Derbyshire, where she is in charge—a hospital of 1000 beds and a staff of 89 nurses.

Misses Hutchins and Stericker spent two months at the Bellvue Hospital in Halifax helping nurse the wounded after the terrible explosion. The former was called to go overseas from there.

Miss Margaret Hogan has returned to the city after some time spent with her mother, who was very ill at her home in Moncton, N.B.

Mrs. S. E. Thames (nee Mary Wyman, '11), having spent most of last year in Canada, returned to her home in Jacksonville, Fla., accompanied by her sister, Clara. Mrs. Thames has not fully recovered from an operation she underwent last summer.

Recent graduates of M. G. H. receiving diplomas and medals are: Misses Irene Ewing, Emma Wyman, Olive Elmslie, Mrs. Jeanette Dunwoody, Misses Dorothy Rhodes, Shirley Farmer, Miriam Gray, Mercy Holland, Muriel Lightbound, Amy Ross, Annie Smith, Lillian McKinnon, Antoinette Dore, Catherine Clark, Myrtle Sinton, Jane Home, Harlett Ross and Jennie Walsh.

There were fifty-seven graduates in the year 1917, the largest class in history of the school.

Nursing Sister Helen McMurrich, who went to France over two years ago in charge of ten nurses from Toronto for the French Flag Nursing Corp, has been on three months' leave to Canada.

Miss Miriam Gray, who is a recent graduate and on the staff of the M.G.H., has developed scarlet fever and is now at the Alexandra Hospital, the infectious hospital of the city. Miss Gray's home is in London, Eng. We hope for a speedy recovery.

Graduates taking positions on the staff of M.G.H. lately: Misses P. McCarthy, S.O.R.; A. Whitney, outdoor; C. T. McLeod, anaesthetist; E. Hogge, ward J (semi-private); M. Gray, ward K (military); L. Caswell, wards A and B (public); L. McIntosh, wards E and F (public); Mrs. J. Dunwoody, wards L and M (public).

Where nurses in training have had full charge of public wards in the past, a graduate now supervises each floor on which are two wards, each still having a nurse-in-training as head nurse. In this way nurses are not deprived of the privilege of assuming responsibility of large public wards before graduating from the school.

Miss Mary McDougall is holidaying at Saranac Lake, N.Y.

Dr. Winnifred Cullis, of the London School of Medicine, at present Lecturer on Physiology at Toronto University, visited Montreal recently and addressed the Women's Canadian Club on the Work of Medical women during the war.

She also gave a very interesting address to the Montreal Suffrage Association on the history of the Medical women in England. During the latter discourse Miss Cullis spoke of the number of appointments held by medical women now in Britain—in schools, factories, and all institutions where women and girls are employed or reside. Miss Cullis' description of the Women's Military Hospital, staffed by women, showed clearly how the barrier of public opinion has been broken down.

The Western Hospital Alumnae.

The regular monthly meeting of the Western Hospital Alumnae was held on Monday afternoon, March 4th, in the Nurse's Home. Miss Wright, as President, took the chair. A St. Patrick's tea from 4 to 7 p.m., with the sale of home-made cooking, was proposed to be given in the Nurses' Home on the 19th inst., in aid of the Association. This proved a great success. The nurses and their friends spent a very pleasant afternoon, the proceeds being $70.00.

Miss M. McRae sailed on the 22nd for overseas service.

Miss Leavitt, who has been over in France for the past three years, returned on a transport for a short stay.

Miss A. McDonald, we regret to say, has been sick for some time. She is now in hospital and her condition somewhat improved.

Miss Morency is making a speedy recovery after an operation for appendicitis.

We had a letter from Miss Crossley; she is still engaged in X-Ray work in England.

Royal Victoria Hospital A. A.

Miss A. Stewart (R.V.H., 1913), C.A.M.C., who has been home on leave, has returned to France.

Miss Dorothy Montizambert (1916) and Miss Molly Murphy (1917), recently attached to C.A.M.C., have left for overseas. It is interesting to note that Miss Murphy entered the training school (Nov. 4, 1914) three months after the declaration of war.

Miss G. L. French (1914), C.A.M.C., has returned to Canada on six months' leave.

Mrs. Hutson (Hilda Taddington, 1914), with her little daughter, is visiting relatives in England. Mr. Hutson, who was previously stationed at Bearwood Hospital, near Workingham, left some time ago for France with No. 9 Field Ambulance.

Extract from letter received from an R.V.H. nursing sister at No. 3 Canadian General Hospital: "I shall try to tell you something of Col. McCrae's last hours; we feel his death so keenly—such an ideal was he. It is only with such friends as you all are that we can discuss him.

"You remember him as a fine, strong, healthy man—young. I can see him yet as he lectured to us; also the quiet sadness of his 'Good-bye,' when he came over here. He joined our hospital in the summer of 1915 a changed man, yes—older in appearance, for his heart seemed to be with his friends who paid 'paid the big price' in the Battle of Ypres.

"Strange, that I found a copy of 'In Flanders Fields' when I returned from the funeral last Tuesday. It was in the *Canadian Nurse;* suppose you know his 'The Anxious Dead,' published last summer, a companion poem. Both these poems show how much his thoughts were with our sleeping heroes.

"The poppies, larks, sunsets and dawns here can never be forgotten. We can understand how they appealed to Col. McCrae. I think that he will be very happy in 'Flanders Fields,' where we laid him—a sunny slope facing the western sunsets and the sea. One can never feel that dear ones are lonely in last resting places here, but that they have joined a vast company of heroes, so glad to be at rest.

"Col. McCrae looked badly all summer, and took a cold on Wednesday, January 23rd. Through Col. Elder, Sir Bertram Dawson (King George's physician and consultant in this area) was called up and he advised sending Col McCrae to the Officers' Hospital, where he went on Friday morning, pneumonia suggested; he said he knew it was 'the end,' and we were all anxious. On Sunday morning he became unconscious; everything possible was done, but he died that night.

"Miss C. Harrison, Miss Bliss and Miss Pidgeon were his nurses.

"We miss his familiar face and his cheery stories—always something to make a laugh. With his going the last home tie seems gone.

"Col. Elder thought of everything that Col. McCrae loved. His horse 'Bonfire' was at the burial; all his special friends, too. They were broken hearted, because he became unconscious so quickly that they could not see him. The base commandant permitted us to attend and sent cars for fifty of us. British Generals and headquarter's staff men from upline and base, as well as Americans, were there. Generals Currie, Dodge and Morrison, old true friends, all came as we did, because we loved him and wanted to show him this last mark of respect.

"The service at the grave was short, the regular Presbyterian Military Service. After the 'Last Post' we came away leaving him in the western sun."

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ONTARIO

At the meeting of Kingston General Hospital A. A. on March 5th, it was decided to hold a "Violet Day" on the Saturday before Easter to raise money to buy linen for the Nurses' Home.

The sum of $5.00 was voted to buy goods to make comfort bags for Queen's Military Hospital in the city. Letters were read from Matron B. Willoughby, of No. 7 Queen's General Hospital, France, thanking the nurses for the Christmas stockings, and also from Nursing Sister Ada Gillespie, in England, for the same.

Miss F. Hiscock and Pearl Martin were appointed to visit the sick nurses.

Mr. and Mrs Linton announce the engagement of Miss Olivia Wood (K.G.H., class 1917) to Mr. Stuart Crawford, the marriage to take place some time in April.

Nursing Sister L. M. Hicks, who has been attached to Ongwadda Military Hospital, Kingston, left recently for England to join her husband, Capt. W. H. Hicks, and will do military work in England.

ST. JOSEPH'S HOSPITAL, CHATHAM, ONT.

Miss Rose Laprise, of Port Huron, formerly a graduate of S.J.H., Chatham, Ont., is convalescing from smallpox at her home in Chatham.

Recent graduates will be pleased to hear that Miss Maude Zavitzs (class 1916), S.J.H., Chatham, Ont., who has undergone an operation for appendicitis, has returned home.

We are sorry to hear that Miss Jean Denomy, of Port Huron, formerly a graduate of S.J.H., Chatham, Ont., has had to undergo an operation for appendicitis.

Miss Winnifred Wildgew, of Detroit, Mich., formerly a graduate (class 1914) of St. Joseph Hospital, Chatham, has accepted a school position at the Board of Education, Detroit, Mich.

OTTAWA

Miss Jean Gunn, President of the National Association of Trained Nurses in Canada, while attending the Women's War Conference held at Ottawa in February, was the guest of honor at a luncheon given by the Ottawa Graduate Nurses' Association at the University Club.

Miss Gunn gave a short address in which she emphasized the great necessity of the nurses becoming fully and thoroughly organized. She pointed out the great benefits which would accrue not only to the nurses themselves, but to the world in general, if the trained nurses, like other progressive bodies, were in a position to exchange information regarding their important work. She advised the members of the local profession to form a chapter of the Ontario Graduate Nurses' Association. Miss Gunn, in imparting a masterly knowledge of the many questions involved in the welfare of those who have chosen nursing as a vocation, has, we are sure, inspired them to a new and vigorous campaign of education and co-operation.

MACK TRAINING SCHOOL, ST. CATHERINES.

The March meeting of the A. A. of The Mack Training School was held at the Residence on March 6th. This was a business meeting, and amongst the business was the adoption of increased rates for the graduate nurses' charges.

Encouraging reports were given of the work done by the Red Cross branch of the A. A. A concert and dance was given at the Residence in January and was a financial success. In February a tea and sale of home-made cooking in the delightful showrooms of the florist, Mr. R. L. Dunn, was much enjoyed by all, and again a financial success was recorded; $200 has already been handed to the treasurer of the local Red Cross, and it is hoped that more will be added to this sum before the season closes.

Two very welcome additions to the Red Cross Committee are Mr. Albert Pay and Mr. George Ginlin, both indefatigable workers where the interests of the Hospital or Nurses are concerned.

Miss Martha Corrigan, former dietitian, is at present stationed at the Nova Scotia Sanitarium, Kentville, N. S.

Miss Jean Taylor, former Night Supervisor, is nursing in Cleveland, Ohio.

COLLINGWOOD

Miss M. Y. E. Morton and Miss Cora Collins are at home on leave from the Ontario Military Hospital, England, where they have been for the past two years. Miss Morton was Superintendent of the General and Marine Hospital, Collingwood, when the war broke out.

TORONTO, ST. MICHAEL'S HOSPITAL

Miss A. Dolan and Miss L. Signac have joined the nursing staff of the Toronto Military Base Hospital.

Miss C. Culbert has accepted the position of Superintendent of the Fairbank Munition works at Jonesburg, Vermont.

THE FLORENCE NIGHTINGALE ASSOCIATION.

The regular meeting was held February 14th at the Nurses' Club, 295 Sherbourne Street, Toronto. After the usual business, Miss Kemp and members of the staff of the Canadian Academy of Music entertained us to a delightful musical evening. The refreshments took the form of a Valentine Tea. We were pleased to welcome five new members to our association.

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SASKATCHEWAN

The regular meeting of the Regina Branch of the Saskatchewan Graduate Nurses' Association was held March 7th at the Nurses' Residence, General Hospital. Following the routine business, a very interesting paper was given by Dr. Grace Armstrong on Dentistry.

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ALBERTA

Miss Irene Martin, graduate of Holy Cross Hospital, Calgary; Elizabeth Elliott, graduate of Fulham, England; E. Parkinson, graduate of Lethbridge, and Ada L. Law, graduate of the Winnipeg General Hospital, and also a charter member and organizer of the A. G. N. of Calgary, left recently for service overseas. They will be greatly missed in the association.

Miss Grace McKinny and Miss Shantz, graduates of the Calgary General Hospital, were elected to the Executive of the local association in place of Miss E. J. Smith and Miss A. L. Law.

Miss E. J. Smith, graduate of the Royal Victoria Hospital, Montreal, who has very ably filled the position of Superintendent of Nurses for seven years at the Calgary General Hospital, has recently resigned her post and has gone to Vancouver, where she has taken a position in the General Hospital. During the time that Miss Smith has been at the Hospital, the Training School grew from a class of 18 pupils to over 70 nurses-in-training. This remarkable progress has been due in a large measure to the faithful and painstaking efforts of Miss Smith to raise the standard of the school. Her position as Superintendent has been filled by Miss L. M. Edy, graduate of Farrand Training School, Harper Hospital, Detroit, who has been assistant to Miss Smith for some time.

BRITISH COLUMBIA

Nursing Sister Mildred Playford, a member of the B. C. Unit, who has served in Salonica, France and England, is home on account of ill-health, but hopes to be allowed to return when her health permits.

Miss Hodgson (V.G.H.), who has been one of the Night Superintendents at the Vancouver General Hospital, has been called for active service. Miss Johnson, a graduate of the same Hospital, will accompany Miss Hodgson.

The Sixth Annual Meeting of the Graduate Nurses' Association of British Columbia, was held on Monday, April 1st, at the Royal Jubilee Hospital, Victoria, B. C. The morning session opened at 10.30 a.m. with an invocation by Dean Quainton.

Miss Randal, President, took the chair. In her address to the members she spoke of the Registration Bill for Nurses, and of the lack of interest nurses, as a whole, took in public and civic affairs. Now, that women have the vote, a great deal of work will be done by the women's organizations, and the nurses should realize their responsibilities. The Secretary-Treasurer's report showed an increase in the membership.

New business included a resolution to omit the initiation fee from the By-laws, so that the local associations, by raising their fees one dollar, could include membership in the Provincial Association.

After a discussion re National Service for Nurses for Canada in time of national disasters, Miss J. F. McKenzie, Superintendent of the Royal Jubilee Hospital, gave an excellent paper, outlining a plan for the organizing of a National Service, a resolution to be sent to the Canadian National Association, at their annual meeting, urging the forming of National Service for Nurses in Canada.

A report was read from Miss Gunn, of Toronto, concerning the War Conference in Ottawa, which she attended.

It was decided to send a delegate to the annual meeting of the Canadian National Association. Miss Randal was appointed.

After a splendid paper on "Dietetics" by Miss Hubbard, Dietitian at the Royal Jubilee Hospital, the session closed for the morning.

The afternoon session opened at 2 p.m., with an address of welcome from Dr. Barrett, President of the Victoria Medical Association. He assured the nurses that the Medical Association endorsed all the clauses of their Registration Act, and were willing to help in any way possible.

Miss Grimmer, President of the Victoria Nurses' Association, gave an address of welcome on behalf of the Nurses, which was replied to by Mrs. Johnson, President of the Vancouver Graduate Nurses' Association.

Miss I. Clarke, Instructress of Nurses, Vancouver General Hospital, read a paper by Miss Isabel Smith, on "Hospital Social Service." Miss Smith, who has been in charge of the Social Service of the Vancouver General Hospital, showed the need of the Service, and the good work it is doing.

The afternoon session closed with an excellent paper on "Hospital Organization," by Miss J. F. McKenzie, after which tea and music were much enjoyed by all present.

In the evening Dr. McLean, Minister of Education, addressed the members. Dr. McLean spoke of the terrible significance of the increase of tuberculosis during the last ten years, and urged the very earnest attention of the nursing and medical profession generally for educational work in this matter.

After the singing of "God Save the King," the Annual Meeting was declared closed.

Births

McDONALD—At Grace Hospital, Winnipeg, February 20th, 1918, to Mr. and Mrs. J. D. McDonald, a son. Mrs. McDonald was Miss M. J. McDonald, graduate of McKellar General Hospital, Fort William, Ont.

COLCHESTER—At Pyrford, Surrey, England, on March 5th, 1918, to Mr. and Mrs. Ernest Colchester, a son. Mrs. Colchester was Miss Henrietta Colchester, Royal Victoria Hospital, Montreal (class 1903).

PENGELLY—On February 20th, 1918, at Kingston, Jamaica, B. W. I., to Capt and Mrs. Pengelly, a son, Walter Graham. Mrs. Pengelly was Miss Winifred Graham (R.V.H., 1913).

PEPPIN—At Windsor, on March 10th, 1918, to Dr. and Mrs. Peppin (Miss Florence Darling, St. Joseph's Hospital, class 1907), a son.

Marriages

CRANE-CASSERLY—On February 4th, 1918, at St. Patrick's Church, Toronto, by the Rev. Father Coughlin, Rose, daughter of Mr. M. J. Casserly, to Mr. Ralph Crane, of Hamilton, Montana. Mrs. Crane is a graduate of St. Michael's Hospital (class 1907).

SINCLAIR-MACDOUGALL—At Marvelville, Ont., on March 6th, 1918, Peter McLennan Sinclair to Annie Katherine Macdougall (R.V.H., Montreal, 1914).

PATCHELL-CAMPBELL—At St. Mary's church, New Westminster, B. C., by the Rev. Frank Plaskett, on April 3rd, 1918, Miss Eva Mary Campbell (Royal Columbian Hospital, New Westminster), to Mr. William Douglas Patchell.

Deaths

RYAN—At Toronto, on Sunday, March 17th, 1918, Meta Jeannie (Betty) Ryan, youngest daughter of the late J. H. and S. Ryan, Coldwater, Ont. Miss Ryan was a graduate of the Toronto General Hospital (class 1912).

SUTHERLAND—At the Hartford Hospital, Hartford, Conn., U.S.A., on March 25th, 1918, after a brief illness with pneumonia, Miss A. Lander Sutherland, Superintendent of the Training School. Miss Sutherland was a Canadian and a distinguished graduate of the Toronto General Hospital Training School for Nurses, having held important positions in Cincinnatti and Cleveland prior to going to Hartford. During the last ten years, and at the time of her death, Miss Sutherland was Superintendent of the Hartford Hospital Training School. Although her position was an onerous one, she also found time to do her part in many nursing organizations. At the time of her death Miss Sutherland was a director in the National League for Nursing Education, and President of the State of Connecticut Board of Examination and Registration of Nurses, while latterly her services have been much in demand in forwarding the work of military nursing. Miss Sutherland's ability as an administrator has always been acknowledged. Her bright, cheerful disposition, and her truly loyal nature has endeared her to a host of friends, who will sincerely mourn for her, while the profession to which she belonged can ill afford to lose so distinguished a member!

Careful, systematic and thorough surveys should be made in every state to the end that the citizens should know their own problems. The almshouses and orphanages, the reformatory and penal institutions, the villages for epileptics and hospitals for the insane should be surveyed and the presence of the feeble-minded called to the attention of the citizens. A study of the public and private schools, and of the schools for the deaf and dumb should be made. There should be careful surveys of certain districts where mental defectiveness is suspected to be present in a large degree. Nor should the survey be confined to the discovery of those who are feeble-minded. It should take into account hereditary and environmental conditions and search for the cause of prevalent diseases.—*Training School Bulletin, New Jersey.*

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